

Prescription Drug Attestation

The Plan hereby certifies that the Plan's prescription drug formulary meets the following requirements specified in the 2020 Covered California Patient-Centered Benefit Plan Designs:

Drug tiers are defined as follows.

- Tier 1:
 - Most generic drugs and low cost preferred brands
- Tier 2:
 - Non-preferred generic drugs;
 - Preferred brand name drugs; and
 - Any other drugs recommended by the Plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy and cost.
- Tier 3:
 - Non-preferred brand name drugs;
 - Drugs that are recommended by P&T committee based on drug safety, efficacy and cost; or
 - Generally have a preferred and often less costly therapeutic alternative at a lower tier.
- Tier 4:
 - Drugs that are biologics;
 - Drugs that the FDA or the manufacturer requires to be distributed through a specialty pharmacy;
 - Drugs that require the enrollee to have special training or clinical monitoring for self-administration; or
 - Drugs that cost the plan (net of rebates) more than \$600 for a one-month supply.

Issuers must comply with 45 CFR Section 156.122(d) dated February 27, 2015 which requires the health plan to publish an up-to-date, accurate and complete list of all covered drugs on its formulary list including any tiering structure that is adopted.

A plan's formulary must include a clear written description of the exception process that an enrollee could use to obtain coverage of a drug that is not included on the plan's formulary.

The Plan's prescription drug list meets or exceeds the prescription drug formulary requirements set forth in 45 CFR 156.122(a)(1).

The undersigned attests to this certification on _____.

Name:

Signature: